

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549,323

FILED DATE

APPLICANT(S)

8/24/66 CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2	✓				1	
3					2	
4					2	
5					2	
6					2	
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TOTAL IND.		↓	1	↓	1	↓
TOTAL DEP.	←		9	←	11	←
TOTAL CLAIMS		10	10	12	12	12

PTO-875 (REV. 1-14-64)

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS		10	10	12	12	12

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